

- * If the entry in column 1 is less than the entry in column 2, write "0".
- ** If the "Highest Number Previously Paid For" in column 1 is less than the entry in column 2, write "0".
- *** If the "Highest Number Previously Paid For" in column 1 is less than the entry in column 2, write "0".
- **** If the "Highest Number Previously Paid For" in column 1 is less than the entry in column 2, write "0".

ADDI-	RATE	TIONAL	FEE	X\$ 9 =
			OR	X42 =
			OR	X84 =
			OR	+140 =
			OR	+280 =
			OR	TOTAL
			OR	D D D I T . FEE

SMALL ENTITY TYPE OR SMALL ENTITY

Application or Document Number
EGYPSA3C - 004

(Column 1)		(Column 2)		(Column 3)		AMENDMENT C
Total	Independent	*	*	Minus	Minus	
				**	***	
		=	=	=	=	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>
Total	*	Minus	Minus	Minus	Independent	=
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	(Column 6)	AMENDMENT B

CLAIMS AS AMENDED - PART II

* If the difference in column 1 is less than zero, enter "0" in column 2

TOTAL CLAIMS			20
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	21	minus 20 = *	1
INDEPENDENT CLAIMS	6	minus 3 = *	3
MULTIPLE DEPENDENT CLAIM PRESENT			<input checked="" type="checkbox"/>